

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name CATHOLICS UNITED(b) Address (number and street) ☐ check if different than previously reportedPO Box 33524

(c) City, State and ZIP Code

WASHINGTON DC 20033

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**07 / 01 / 2008

through

09 / 26 / 2008**5. (a) Date of Public Distribution(s)** 09 / 19 / 2008(b) Communication Title ACTRESS SPEAK LOUDER THAN WORDS**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**(a) Name CHRIS KORZEN

(b) Address (number and street)

PO Box 33524

(c) City, State and ZIP Code

WASHINGTON DC 20033

(d) Name of Employer or Principal Place of Business

(e) Occupation

CATHOLICS UNITEDEXECUTIVE DIRECTOR**9. Total Donations This Statement**0**10. Total Disbursements/Obligations This Statement**24,621.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

JAMES SALT

SIGNATURE

James Salt

DATE

9/19/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)